

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.: IA00009  
First Inventor: Donald J. Rembowski et al.  
Title: VEHICLE ACTIVE NETWORK AND DEVICE  
Express Mail Label No.: EL568749674US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| APPLICATION ELEMENTS<br>(see MPEP chapter 600 concerning utility patent application contents)  |  | ADDRESS TO:  | Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, D.C. 20231   |
|--|--|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate<br>(Submit an original and a duplicate for fee processing)  | 2. <input type="checkbox"/> Applicant claims small entity status<br>See 37 CFR 1.27  | 3. <input checked="" type="checkbox"/> Specification Total Pages 28<br>(preferred arrangement set forth below)<br>-Descriptive title of the invention<br>-Cross Reference to Related Applications<br>-Statement Regarding Fed sponsored R&D<br>-Reference to sequence listing, a table,<br>-Background of the Invention<br>-Brief Summary of the Invention<br>-Brief Description of the Drawings (if filed)<br>-Detailed Description<br>-Claim(s)<br>-Abstract of the Disclosure   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CFR)<br>b. <input type="checkbox"/> Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies);<br>ii. <input type="checkbox"/> or paper<br>c. <input type="checkbox"/> Statements verifying identify of above copies |
| ACCOMPANYING APPLICATION PARTS   |  |  |  |
| 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets 8   | 5. <input checked="" type="checkbox"/> Oath or Declaration<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)<br>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>15. <input type="checkbox"/> Certified Copy of Priority Document<br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: _____ |  |
| 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76   |  |  |  |
| 18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. _____<br>Prior Appl. information: Examiner: _____ Group/Art Unit: _____  |  |  |  |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |  |  |
| 19. CORRESPONDENCE ADDRESS   |  |  |  |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label  |  | <br>2 2 8 6 3   |  |
|  |  | or <input type="checkbox"/> Correspondence address below   |  |
| Name   | S. Kevin Pickens   |  |  |
| Address  | Motorola, Inc. – Law Department<br>P.O. Box 10219  |  |  |
| City   | Scottsdale   | State  | AZ   |
| Country  | U.S.A.   | Telephone  | 480-441-4207   |
| Name   | S. Kevin Pickens   |  | Registration No.   |
| SIGNATURE  | S. Kevin Pickens   |  | Date   |
|  |  | August 31, 2001  |  |

**FEE  
TRANSMITTAL**

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT **(\$710.00)****Complete if Known**

Application Number

Filing Date

First Named Inventor **Donald J. Remboski**

Examiner Name

Group Art Unit

Attorney Docket No. **IA00009**

| <b>METHOD OF PAYMENT</b>   |                  |           |          | <b>FEE CALCULATION (continued)</b>   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
|--|------------------|-----------|----------|--|-----------------|-----------|--------------|--------------|--------------|--------------------|---|-----------|--------------------------|----------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---------------------------|--|-----|------|-----|------|---|--|-----|------|-----|------|--|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|------|-----|-----|---|--|-----|------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|------|-----|------|---|--|-----|-----|-----|----|----------------------------------|--|-----|------|-----|-----|------------------------------------|--|-----|------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|-------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--|--|---------------------------------------|--|--|--|---------------------------------|--|--|--|--|--|--|--|--------------|----------------|----------|--------------|----|-----------|--------------------|---|-----------|--------------------------|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--------------------------|--|--|--|-------------------|------------------|--|--|------------------|--------|-----------|--------------|-----------|------------------|--|--|-----------|-----------------|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number <b>13-4771</b></p> <p>Deposit Account Name <b>Motorola, Inc.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required<br/>Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27</p>  |                  |           |          | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Large Entity</th> <th style="width: 25%;">Small Entity</th> <th colspan="2" style="width: 50%;"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td colspan="2">Surcharge - late filing fee or oath</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td colspan="2">Surcharge - late Provisional filing</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td colspan="2">Non-English specification</td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td><td colspan="2">For filing a request for ex parte Reexamination</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td colspan="2">Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td><td colspan="2">Requesting publication of SIR after Examiner action</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td colspan="2">Extension for reply within first month</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td colspan="2">Extension for reply within second month</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td colspan="2">Extension for reply within third month</td></tr> <tr><td>118</td><td>1390</td><td>218</td><td>695</td><td colspan="2">Extension for reply within fourth month</td></tr> <tr><td>128</td><td>1890</td><td>228</td><td>945</td><td colspan="2">Extension for reply within fifth month</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td colspan="2">Notice of Appeal</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td colspan="2">Filing a brief in support of an appeal</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td colspan="2">Request for oral hearing</td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td><td colspan="2">Petition to institute a public use proceeding</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td colspan="2">Petition to revive - unavoidable</td></tr> <tr><td>141</td><td>1240</td><td>241</td><td>620</td><td colspan="2">Petition to revive - unintentional</td></tr> <tr><td>142</td><td>1240</td><td>242</td><td>620</td><td colspan="2">Utility issue fee (or reissue)</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td colspan="2">Design issue fee</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td colspan="2">Plant issue fee</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td colspan="2">Petitions to the Commissioner</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td colspan="2">Processing fee under 37 CFR 1.17(q)</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td colspan="2">Submission of IDS</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td colspan="2">Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td colspan="2">Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td colspan="2">For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td colspan="2">Request for Continued Examination (RCE)</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td colspan="2">Request for expedited examination of a design application</td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td colspan="4"></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b> <b>(\$710.00)</b></td> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (3)</b> <b>(\$)</b></td> </tr> <tr> <td colspan="4"> <p>2. <b>EXTRA CLAIM FEES</b></p> <table style="width: 100%; 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For Reissues, see above</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>SUBMITTED BY</b></td> <td colspan="4" style="text-align: center;">Complete (if applicable)</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">S. Kevin Pickens</td> <td>Registration No.</td> <td>34,696</td> <td>Telephone</td> <td>480-441-4207</td> </tr> <tr> <td>Signature</td> <td colspan="3">S. Kevin Pickens</td> <td>Mail Date</td> <td colspan="3">August 31, 2001</td> </tr> </tbody> </table> |                 |           |              | Large Entity | Small Entity |                    |   | Fee Code  | Fee (\$)                 | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late Provisional filing |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2520 | 147 | 2520 | For filing a request for ex parte Reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of IDS |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |  |  | <b>SUBTOTAL (1)</b> <b>(\$710.00)</b> |  |  |  | <b>SUBTOTAL (3)</b> <b>(\$)</b> |  |  |  | <p>2. <b>EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Extra Claims</th> <th style="width: 25%;">Fee from below</th> <th style="width: 50%;">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th>19</th> <th>-20** = 0</th> </tr> <tr> <th>Independent Claims</th> <th>2</th> <th>- 3** = 0</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: right;"><b>270</b> = <b>(\$)</b></td> </tr> </tbody> </table> |  |  |  | Extra Claims | Fee from below | Fee Paid | Total Claims | 19 | -20** = 0 | Independent Claims | 2 | - 3** = 0 | <b>270</b> = <b>(\$)</b> |  |  |  |  |  |  | <p>Large Entity Small Entity</p> <p>Fee Code Fee Code</p> <p>Fee Description</p> <p>103 18 203 9 Claims in excess of 20</p> <p>102 80 202 40 Independent claims in excess of 3</p> <p>104 270 204 135 Multiple dependent claim, if not paid</p> <p>109 80 209 40 ** Reissue independent claims Over original patent</p> <p>110 18 210 9 **Reissue claims in excess of 20 and over original patent</p> |  |  |  |  |  |  |  | <b>SUBTOTAL (2)</b> <b>(\$)</b> |  |  |  |  |  |  |  | * Reduced by Basic Filing Fee paid |  |  |  |  |  |  |  | **OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above |  |  |  |  |  |  |  | <b>SUBMITTED BY</b> |  |  |  | Complete (if applicable) |  |  |  | Name (Print/Type) | S. Kevin Pickens |  |  | Registration No. | 34,696 | Telephone | 480-441-4207 | Signature | S. Kevin Pickens |  |  | Mail Date | August 31, 2001 |  |  |
| Large Entity   | Small Entity     |           |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| Fee Code   | Fee (\$)         | Fee Code  | Fee (\$) |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 105  | 130              | 205       | 65       | Surcharge - late filing fee or oath  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 127  | 50               | 227       | 25       | Surcharge - late Provisional filing  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 139  | 130              | 139       | 130      | Non-English specification  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 147  | 2520             | 147       | 2520     | For filing a request for ex parte Reexamination  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 112  | 920*             | 112       | 920*     | Requesting publication of SIR prior to Examiner action   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 113  | 1840*            | 113       | 1840*    | Requesting publication of SIR after Examiner action  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 115  | 110              | 215       | 55       | Extension for reply within first month   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 116  | 390              | 216       | 195      | Extension for reply within second month  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 117  | 890              | 217       | 445      | Extension for reply within third month   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 118  | 1390             | 218       | 695      | Extension for reply within fourth month  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 128  | 1890             | 228       | 945      | Extension for reply within fifth month   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 119  | 310              | 219       | 155      | Notice of Appeal   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 120  | 310              | 220       | 155      | Filing a brief in support of an appeal   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 121  | 270              | 221       | 135      | Request for oral hearing   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 138  | 1510             | 138       | 1510     | Petition to institute a public use proceeding  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 140  | 110              | 240       | 55       | Petition to revive - unavoidable   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 141  | 1240             | 241       | 620      | Petition to revive - unintentional   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 142  | 1240             | 242       | 620      | Utility issue fee (or reissue)   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 143  | 440              | 243       | 220      | Design issue fee   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 144  | 600              | 244       | 300      | Plant issue fee  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 122  | 130              | 122       | 130      | Petitions to the Commissioner  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 123  | 50               | 123       | 50       | Processing fee under 37 CFR 1.17(q)  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 126  | 180              | 126       | 180      | Submission of IDS  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 581  | 40               | 581       | 40       | Recording each patent assignment per property (times number of properties)   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 146  | 710              | 246       | 355      | Filing a submission after final rejection (37 CFR § 1.129(a))  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 149  | 710              | 249       | 355      | For each additional invention to be examined (37 CFR § 1.129(b))   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 179  | 710              | 279       | 355      | Request for Continued Examination (RCE)  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| 169  | 900              | 169       | 900      | Request for expedited examination of a design application  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| Other fee (specify) _____  |                  |           |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| <b>SUBTOTAL (1)</b> <b>(\$710.00)</b>  |                  |           |          | <b>SUBTOTAL (3)</b> <b>(\$)</b>  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| <p>2. <b>EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Extra Claims</th> <th style="width: 25%;">Fee from below</th> <th style="width: 50%;">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th>19</th> <th>-20** = 0</th> </tr> <tr> <th>Independent Claims</th> <th>2</th> <th>- 3** = 0</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: right;"><b>270</b> = <b>(\$)</b></td> </tr> </tbody> </table> |                  |           |          | Extra Claims   | Fee from below  | Fee Paid  | Total Claims | 19           | -20** = 0    | Independent Claims | 2 | - 3** = 0 | <b>270</b> = <b>(\$)</b> |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| Extra Claims   | Fee from below   | Fee Paid  |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| Total Claims   | 19               | -20** = 0 |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| Independent Claims   | 2                | - 3** = 0 |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| <b>270</b> = <b>(\$)</b>   |                  |           |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| <p>Large Entity Small Entity</p> <p>Fee Code Fee Code</p> <p>Fee Description</p> <p>103 18 203 9 Claims in excess of 20</p> <p>102 80 202 40 Independent claims in excess of 3</p> <p>104 270 204 135 Multiple dependent claim, if not paid</p> <p>109 80 209 40 ** Reissue independent claims Over original patent</p> <p>110 18 210 9 **Reissue claims in excess of 20 and over original patent</p>  |                  |           |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| <b>SUBTOTAL (2)</b> <b>(\$)</b>  |                  |           |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| * Reduced by Basic Filing Fee paid   |                  |           |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| **OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above   |                  |           |          |  |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| <b>SUBMITTED BY</b>  |                  |           |          | Complete (if applicable)   |                 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| Name (Print/Type)  | S. Kevin Pickens |           |          | Registration No.   | 34,696          | Telephone | 480-441-4207 |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |
| Signature  | S. Kevin Pickens |           |          | Mail Date  | August 31, 2001 |           |              |              |              |                    |   |           |                          |          |          |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                       |  |  |  |                                 |  |  |  |  |  |  |  |              |                |          |              |    |           |                    |   |           |                          |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                  |  |  |                  |        |           |              |           |                  |  |  |           |                 |  |  |